FEC	
<b>FORM</b>	1

RECEIVED

FEC FORM 1	ORGANIZATION			CMAIL CENTER	
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
M	ARY	FOR	CONGRES	S	
ADDRESS (number a	nd street)	Pont	box 263	65	
(Check if an is changed)		EMPT	115	VM	38106-
			CITY	STATE	ZIP CODE
(Check if is change	address	e provide only one	e-mail address)	Tel.c	
COMMITTEE'S WEB  (Check if is change)	address LSN	<u> 1ACC dab</u>	Nmidle: Constrap	om.	
2. DATE	2 37 2	<i>10.7.7</i>			
3. FEC IDENTIFICATION NUMBER CO.4.2.103.4					
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)					
I certify that I have e	xamined this Staten	nent and to the bes	at of my knowledge and belief it	is true, correct	and complete.
Type or Print Name	of Treasurer	PENCAR	2 STUDSIANI	W	
Signature of Treasure	r Djer	un le	husble	Date Ø.	1/20/2
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use			For further information con Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)